

Name
in
Full

Samuel Gas Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

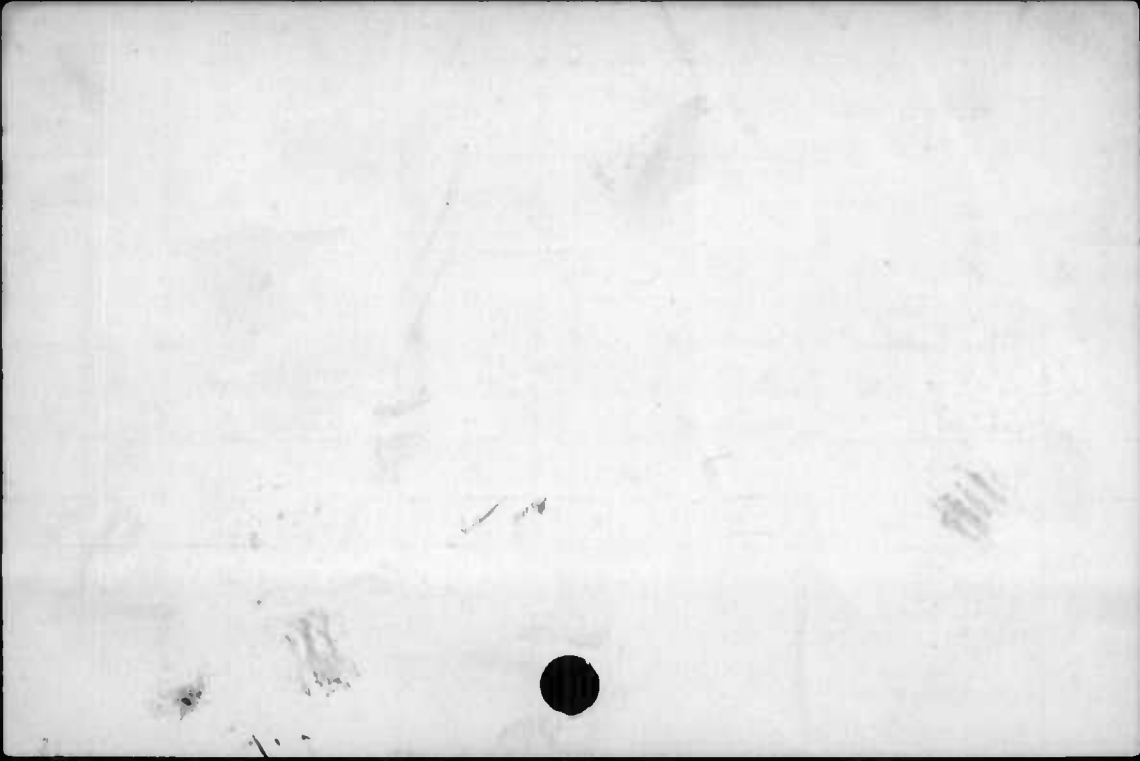
Died at <i>Farmington</i> Town		<i>Seacoast</i> County		MARYLAND	
Date of death	1906	Month	<i>July</i>	Day	<i>27</i>
Age		<i>4</i>		Years	
Sex		<i>male</i>		Color or Race	<i>Colored</i>
Occupation				Birth-place	<i>Farmington Md</i>
Where Residing if not at place of death					
Married, Single or Widowed		<i>Single</i>			
Name of Wife or Husband		<i>None</i>			
Father's Name		<i>Ryan Alexander</i>		Father's Birthplace	<i>Cal Co</i>
Mother's Maiden Name		<i>Emma N. S. S. S.</i>		Mother's Birthplace	<i>" "</i>
Name of person giving information		<i>Stephen Alexander</i>		How related to deceased	<i>Grandfather</i>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>Multi</i>
Immediate	<i>Asphyxiation</i>	How long	<i>3rd</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John H. Jones</i>	
		Address	
		<i>Seacoast Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

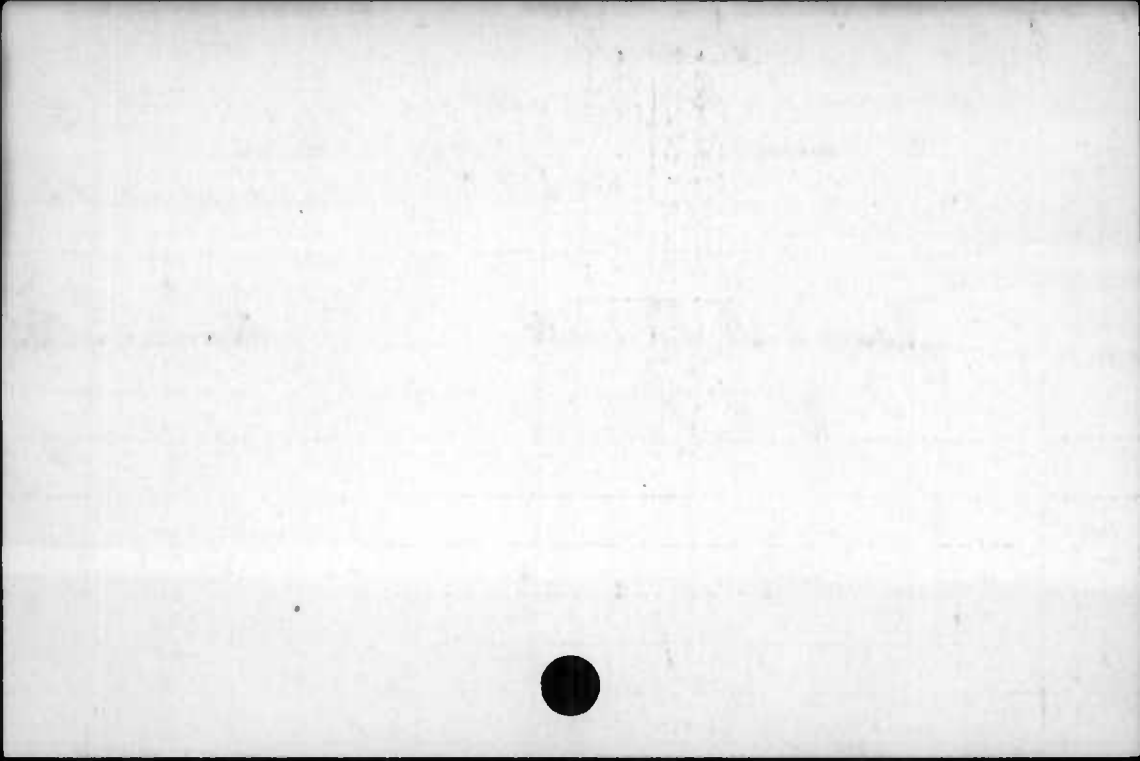
MARYLAND

Died at <i>Woodlawn</i> Town <i>Cecil</i> County					
Date of death <i>1906</i>	Month <i>1</i>	Day <i>9</i>	Age <i>82</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>		
Occupation <i>Housewife</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Thomas McMillin</i>		Father's Birthplace <i>Cecil Co</i>			
Mother's Maiden Name <i>Sarah Little</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Sarah Rutter</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J F Brown -</i>
	Address <i>Port Deposit</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Clayton Bedwell

Died at ^{Town} Chesapeake City ^{County} Cecil

MARYLAND

Date of death 1906 ^{Month} January ^{Day} 7 Age ^{Years} one ^{Months} seven ^{Days}

Sex male Color or Race white Birth-place Chesapeake City

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name James W. Bedwell

Father's Birthplace Chesapeake City

Mother's Maiden Name

Mother's Birthplace

Name of person giving information W. E. Penn

How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Whooping cough ^{How long} Six or sevenImmediate Bronchitis ^{How long} Six days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J. J. Conroy M.D.
Chesapeake City Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

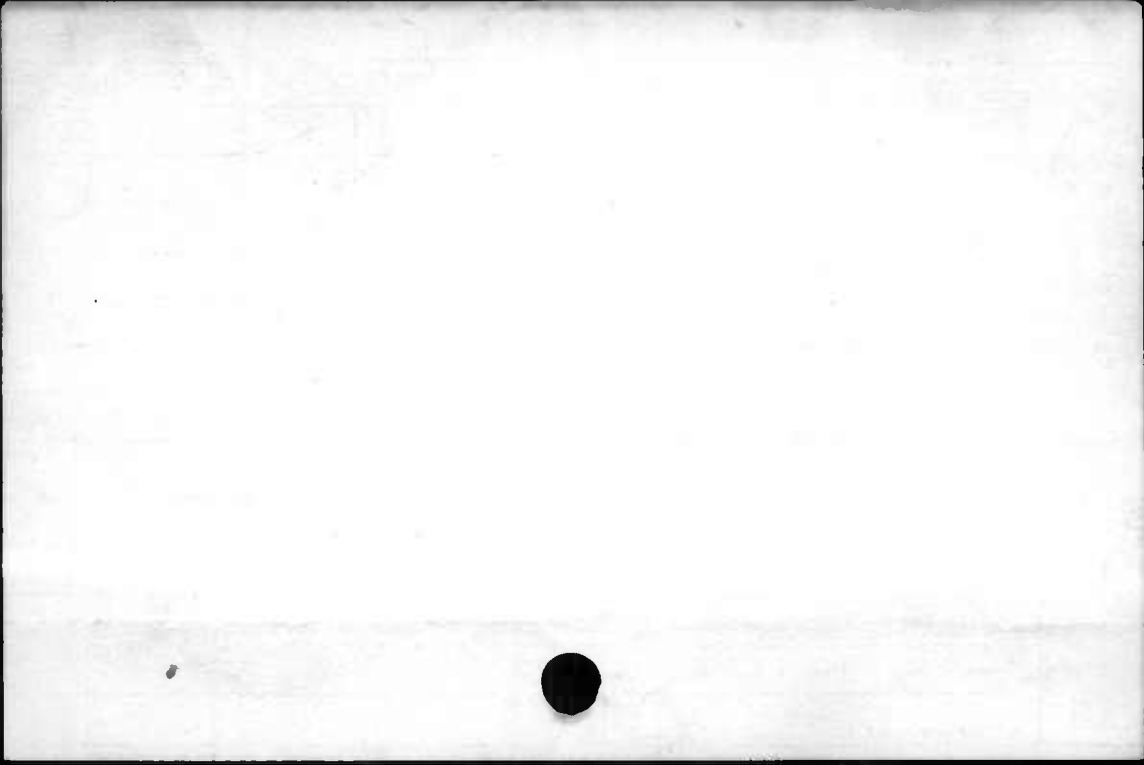
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Nelson Black</i>		Town <i>Charleston</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Charleston</i>		Month <i>Jan</i>		Day <i>27</i>		Age <i>88</i>	
Date of death 190 <i>6</i>		Months <i>Jan</i>		Years <i>27</i>		Days <i>88</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Charleston Md.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>E. C. Curing</i>		Father's Name <i>John D. Black</i>					
Father's Name <i>John D. Black</i>		Father's Birthplace <i>Charleston Md.</i>					
Mother's Maiden Name <i>Mary Ann</i>		Mother's Birthplace <i>Cecil Co.</i>					
Name of person giving in formation <i>Walter C. Black</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>154</i>
Immediate <i>Hemiplegia</i>	How long <i>154</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address <i>N. Ex</i>
Accident or Suicida?	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Elkton</i>		County <i>Cecil</i>		STATE MARYLAND
	Date of death		Month <i>1</i>	Day <i>9</i>	Years <i>51</i>	Months	Days
	Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
	Occupation <i>Servant</i>				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>George Bordley</i>				Father's Birthplace <i>Ind</i>		
	Mother's Maiden Name <i>Ellen</i>				Mother's Birthplace		
Name of person giving information <i>Harry Bordley</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Pneumonia</i>			How long <i>6 days</i>	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>Y</i>		Signature of Physician <i>H. Arthur Mitchell M.D.</i>		
					Address <i>Elkton Ind.</i>		
Accident or Suicide? <input checked="" type="checkbox"/>							



Name
in
Full

Clifford L. Brown,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rising Sun,</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1906	Month	January	Day	43
Age		18		Months	Days
Sex	male		Color or Race	white	
Occupation			Birth-place	<i>Rising Sun,</i>	
			Where Residing if not at place of death	<i>Rising Sun,</i>	
Married , Single <i>Single</i>		Name of Wife or Husband			
Father's Name	<i>W. C. Brown,</i>			Father's Birthplace	<i>Sylmar Md</i>
Mother's Maiden Name	<i>Mary Stephens,</i>			Mother's Birthplace	<i>Rising Sun,</i>
Name of person giving information	<i>W. C. Brown</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>5 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. S. Brown</i>	
		Address	
		<i>Rising Sun</i>	
		<i>Md,</i>	
Accident or Suicide?		✓	

1885-1906

Name
in
Full

Arthur Bryde

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Woodlawn ^{County} CecilDate of death 1906 ^{Month} 1 ^{Day} 12 Age ^{Years} 64 ^{Months} ^{Days}

Sex Male Color or Race White Birthplace New Orleans La

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Addie Bryde

Father's Name Father's Birthplace

Mother's Maiden Name Isabell Graham Mother's Birthplace New Orleans La

Name of person giving information Addie Bryde How related to deceased Wife

CAUSES OF DEATH

Primary Angina Pectoris 80 How long 17 hours

Immediate Paralysis How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. E. Clemmons

Address York, S. C.

Accident or Suicide?



1



1 2 3

4 5 6



Name
in
Full

Margaret Campbell

CERTIFICATE OF DEATH

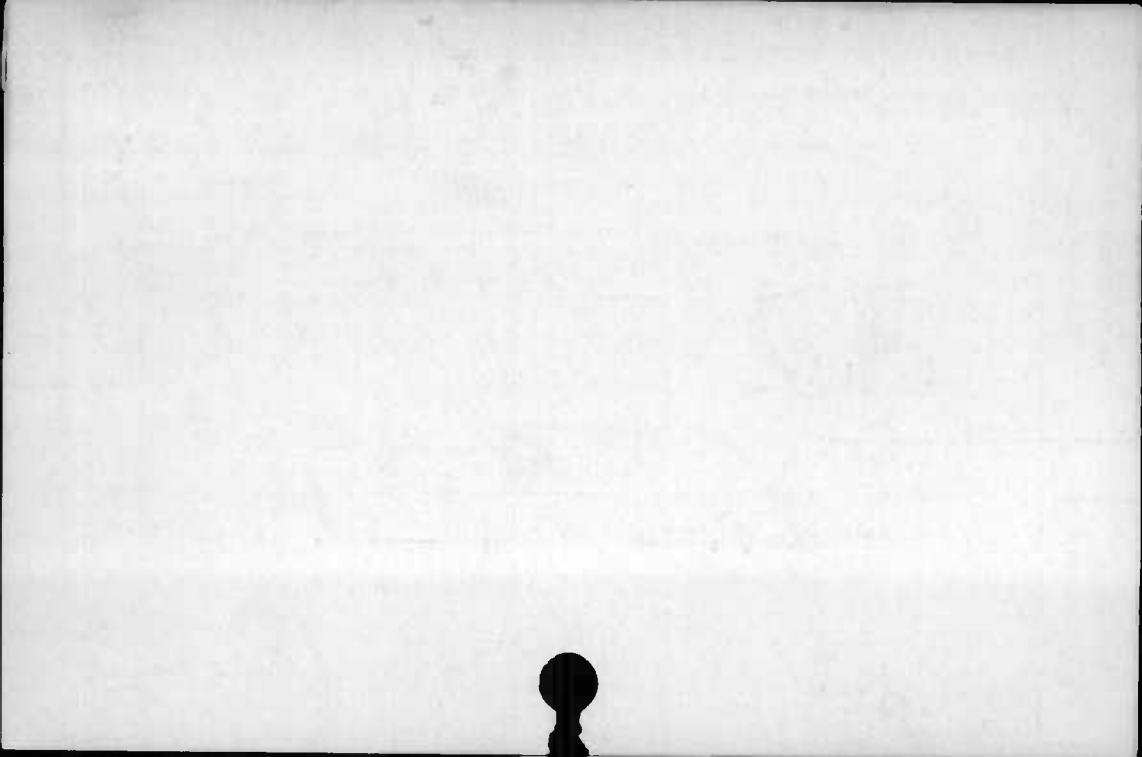
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death		1906	1	29	Age	64	9
Sex		Female		Color or Race		White	
Occupation		Housekeeping		Where Residing if not at place of death		Cecil Co	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		John B Campbell		Father's Birthplace		Cecil Co	
Mother's Maiden Name		Sarah B Muller		Mother's Birthplace		" "	
Name of person giving information		Lydia Lockland		How related to deceased		Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis & Heart Disease	How long	
Immediate		How long	(120)
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Benjamin Cochran 34</i>		Town <i>34</i>		County <i>Dick</i>		MARYLAND	
Died at <i>Cherry Hill Asylum</i>				Age <i>78</i>		Months <i>—</i> Days <i>—</i>	
Date of death <i>1906 Jan. 26</i>		Month <i>Jan.</i> Day <i>26</i>		Years <i>78</i>			
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Occupation <i>Farm hand.</i>		Where Residing if not at place of death <i>Asylum</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Do not know</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>George Money</i>				How related to deceased <i>no</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>3 years</i>
Immediate <i>Old Age</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas F. Miller</i>
	Address <i>North East, Ind.</i>
Accident or Suicide?	

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Name
in
Full

Florence Darling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton		County Leek		MARYLAND	
Date of death		1906	Month 1	Day 10	Age 31	Years	Months Days
Sex Female		Color or Race White		Birth-place Leek			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Wm Darling					
Father's Name Wm Rhine		Father's Birthplace Leek					
Mother's Maiden Name Hannah Merry		Mother's Birthplace Leek					
Name of person giving information Lavinia Merry		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Childbirth - Exposure	How long	137
Immediate	Peritonitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. Arthur Mitchell M.D.	
Address		Elkton, Md.	
Accident or Suicide?			



Name
in
Full

Ann Dustin

CERTIFICATE OF DEATH

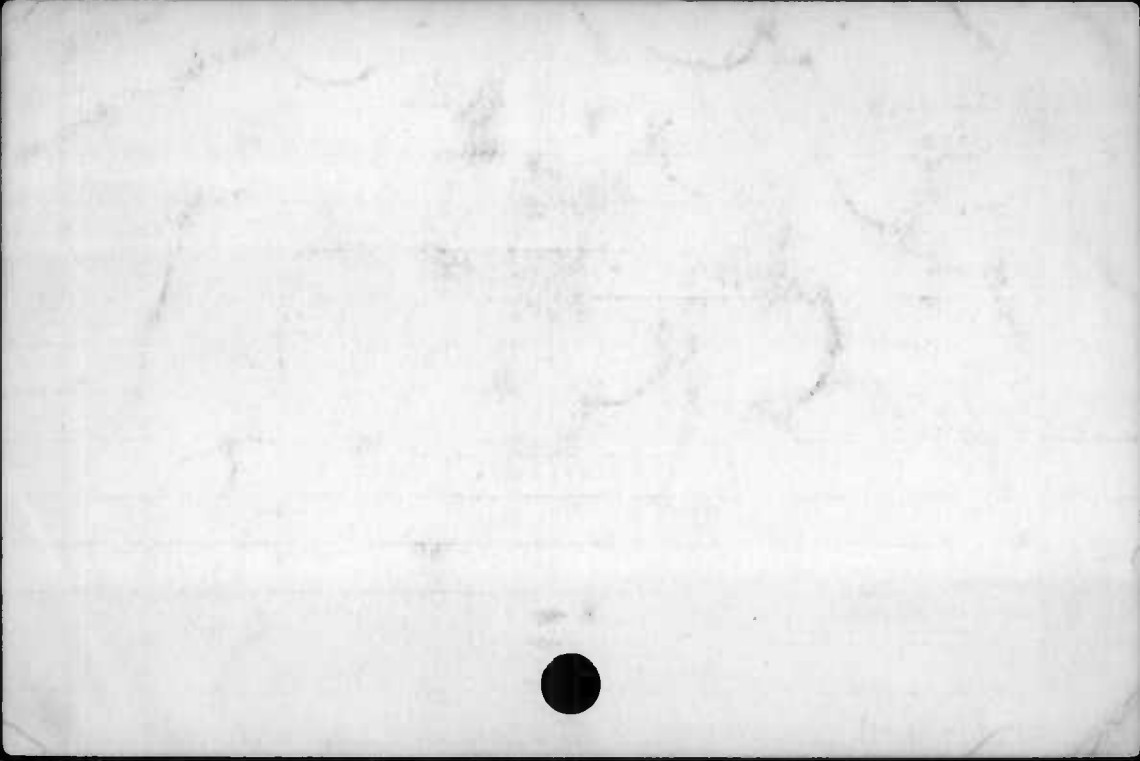
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		1	2	76			
Sex	Female	Color or Race	White		Birth-place	Maine	
Occupation	Housekeeping		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	Jessie Jewell				Father's Birthplace	—	
Mother's Maiden Name	Elizabeth Trask				Mother's Birthplace	—	
Name of person giving information	Grace Street				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Holding of Brain		How long	2 years
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		H. W. Clemmon		
Address		Porter Street		
Accident or Suicide		X		



Name
in
Full

CERTIFICATE OF DEATH

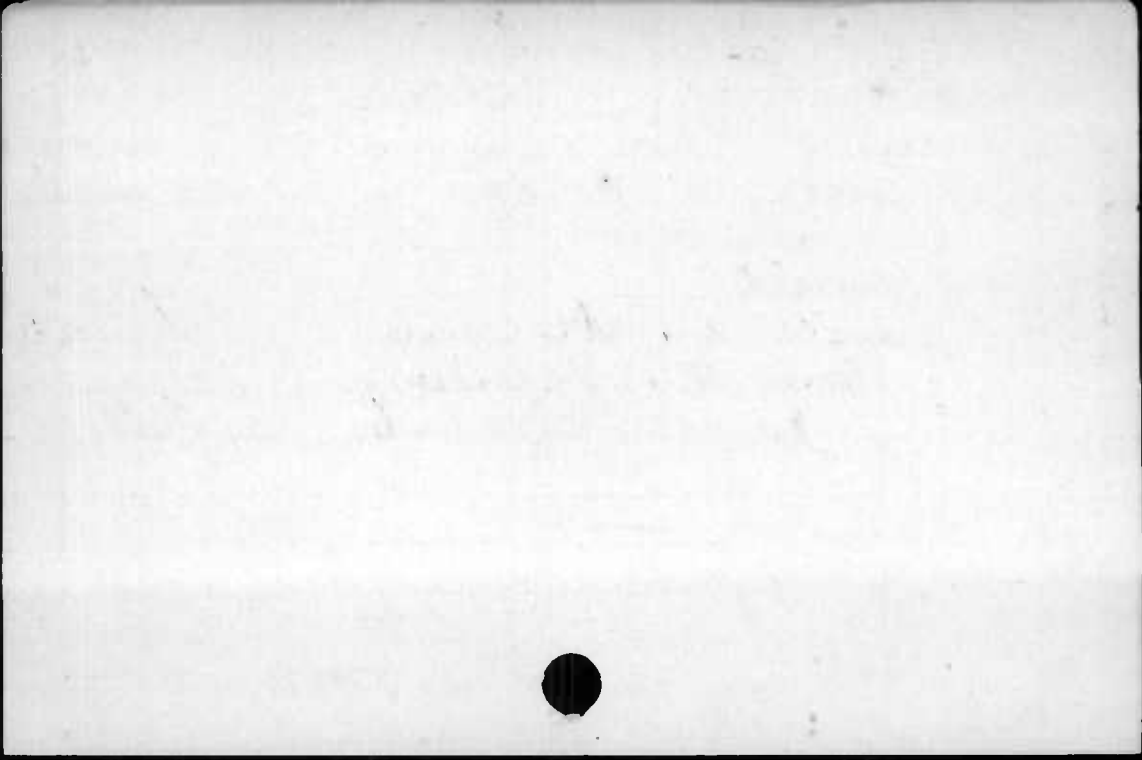
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eckleton</u> Town		County <u>Cecil</u>		MARYLAND	
Date of death	1906	Month	1	Day	19
Age	87	Years	6	Months	—
Sex	Male	Color or Race	White	Birth-place	Prussia
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Eder		
Father's Name	Matthias Eder			Father's Birthplace	Pa
Mother's Maiden Name	Sarah Hines			Mother's Birthplace	Pa
Name of person giving information	H. Hisinger			How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility	How long	2 years
Immediate	Exhaustion	How long	Since winter began
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. W. Tooper
		Address	Eckleton, Md
Accident or Suicide?			



Name
in
Full

Sarah C. Frankner

CERTIFICATE OF DEATH

MARYLAND

Died at Elk neck Town Cecil County

Date of death 1906 1 22 Age 21 1/2 Months Days

Sex female Color or Race white Birth-place Elk neck

Occupation housekeeper Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband

Father's Name James H. Alexander Father's Birthplace Elk neck

Mother's Maiden Name Ann M. McKinney Mother's Birthplace Elk neck

Name of person giving information James Alexander How related to deceased father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

814 West Thirtieth Street

Name
in
Full

Thomas George

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Selkirk		County Camp		MARYLAND	
Date of death	1906	Month 1	Day 13	Age 68	Years 68	Months None	Days None
Sex	Male		Color or Race	White		Birth-place	Ind
Occupation	Carpenter			Where Residing if not at place of death			
Married, Single & Widowed	Single			Name of Wife or Husband			
Father's Name	Joseph George				Father's Birthplace	Ind	
Mother's Maiden Name	Larrah Birchell				Mother's Birthplace	Ind	
Name of person giving information	Katherine Miller				How related to deceased	Sister	

CAUSES OF DEATH

Primary	Cancer of Stomach	How long	140
Immediate	Hemorrhage	How long	

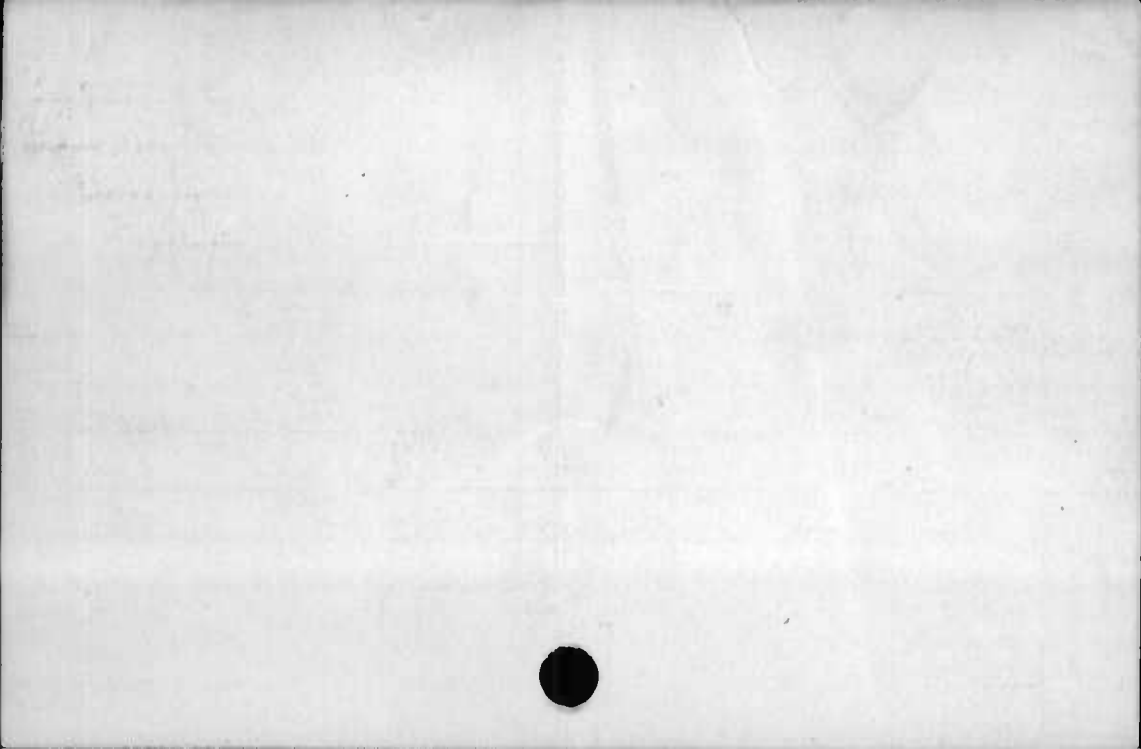
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary Elizabeth - Kidd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town FARMINGTON		County CECIL		MARYLAND	
Date of death		1906	Month January	Day First	Age 5-6	Months 9	Days 9
Sex Female		Color or Race White		Birth-place			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband J. L. Summerfield Kidd					
Father's Name John Baker		Father's Birthplace					
Mother's Maiden Name Leitia Johnson		Mother's Birthplace					
Name of person giving information Berta Kidd Terry		How related to deceased Daughter					

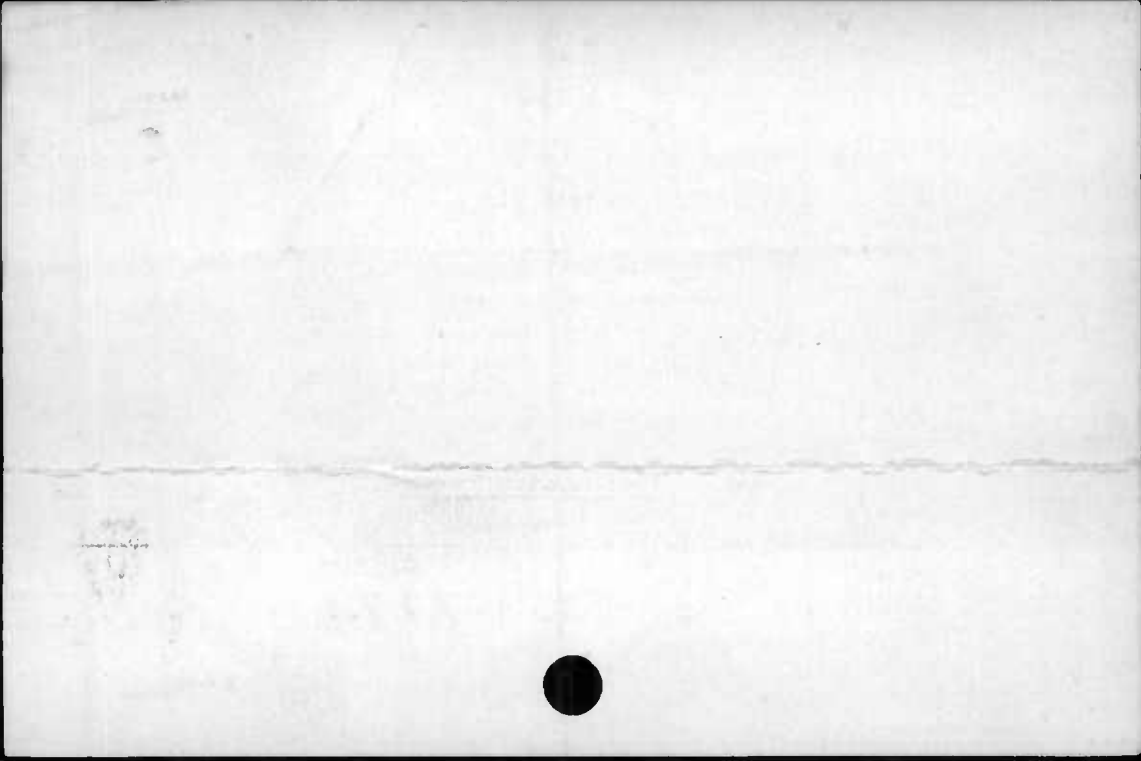
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cervic Desquamative Neoplasia	How long	20 years
Immediate	Uraemic Coma	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John H. James	
Address		Roxbury, Md.	
Accident or Suicide?		✓	



Name in Full		Elsie May Trauss				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Colora		County		Cecil
	Date of death		1906	Jan	Day	17	Age
	Sex		sea mail		Color or Race		White
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		single		Name of Wife or Husband		
	Father's Name		Clarence Trauss		Father's Birthplace		Colora
	Mother's Maiden Name		Sadie Moore		Mother's Birthplace		Rising Sun
Name of person giving In formation		Clarence Trauss		How related to deceased		father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Congenital Cardiac disease			How long	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Geo			Signature of Physician	
	Accident or Suicide?					Address	
					Ernest Rowland		
					Liberty Grove Md		



Name
in
Full

Rachel Mc. Howell

CERTIFICATE OF DEATH

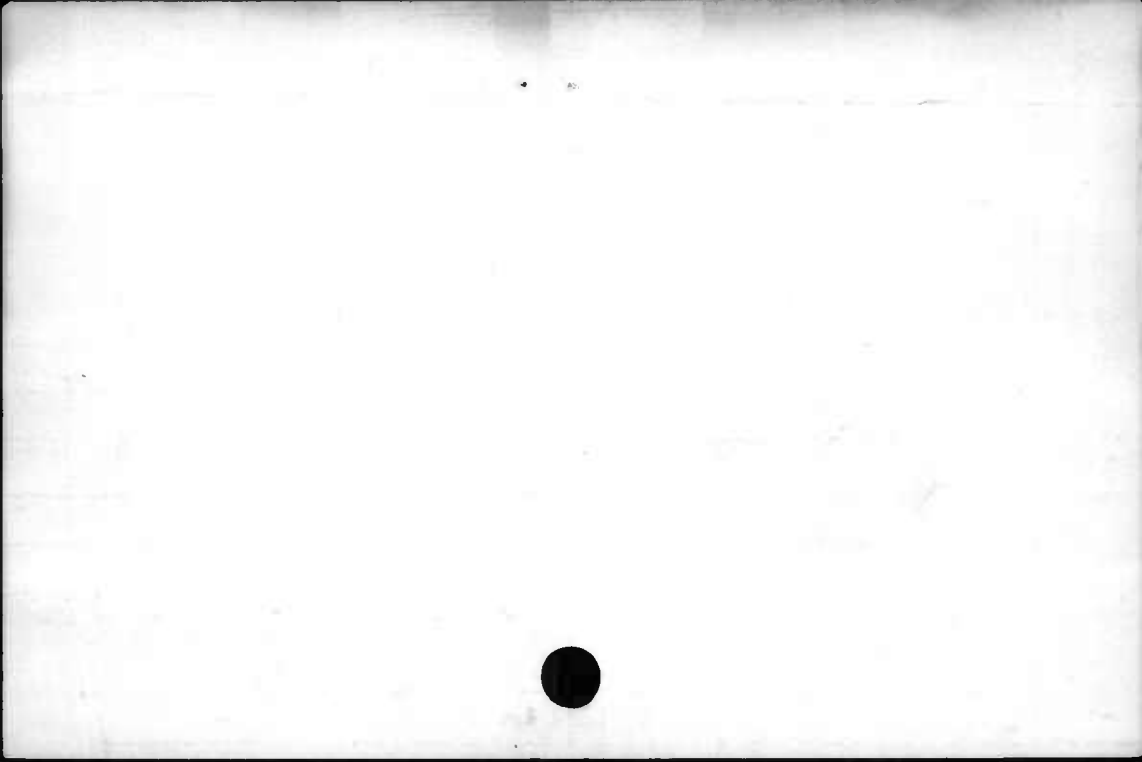
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Principis Funeral</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>p</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>85</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co.</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation		
Name of Wife or Husband <i>William Mc. Howell</i>					
Father's Name <i>John Heath</i>			Father's Birthplace <i>Cecil Co.</i>		
Mother's Maiden Name <i>Moore</i>			Mother's Birthplace <i>Cecil Co.</i>		
Name of person giving information <i>William Mc. Howell</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	<i>154</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. M. Stump M.D.</i>	
		Address <i>(initials)</i>	
Accident or Suicide?		<i>✓</i>	



Name
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Full

CERTIFICATE OF DEATH

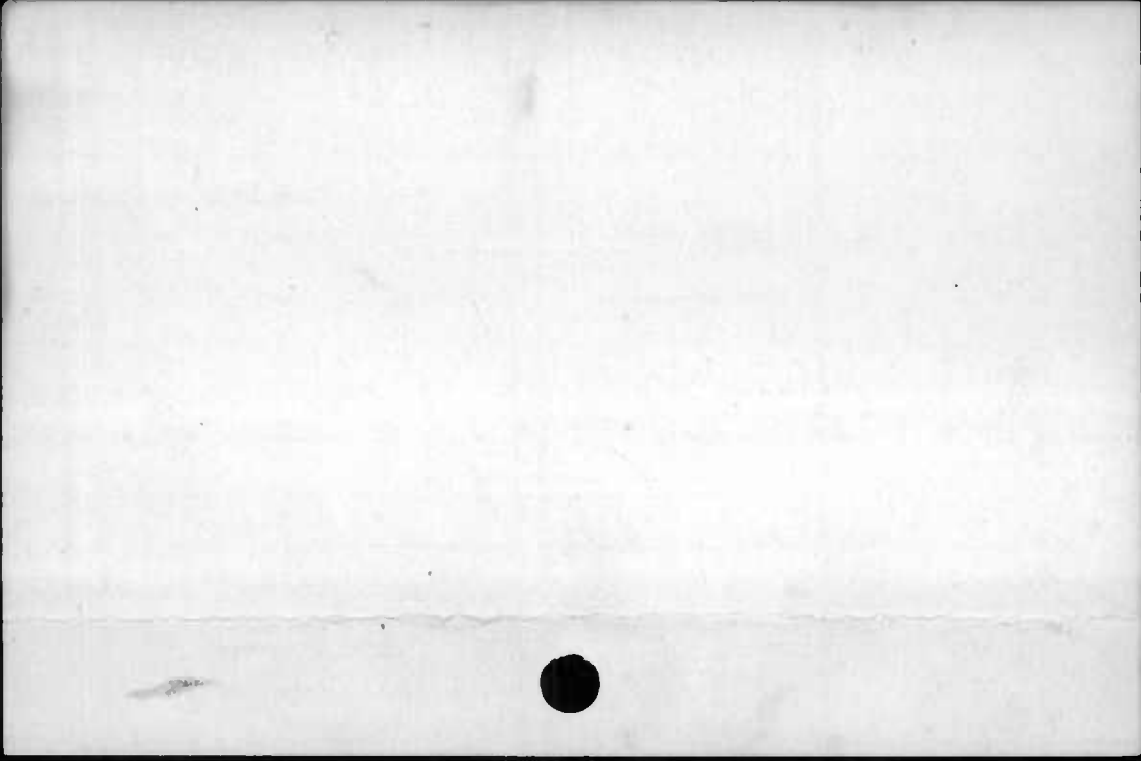
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> Town <i>ecil</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>January</i>	Day <i>13</i>	Years <i>25</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>North East</i>	
Occupation <i>housekeeping</i>	Where Residing If not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband		
Father's Name <i>John McQuirk</i>	Father's Birthplace <i>halled Co</i>		
Mother's Maiden Name <i>Grizzil Lynch</i>	Mother's Birthplace <i>Prince Geo</i>		
Name of person giving information <i>Anna R Beck</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>104</i>
Immediate	How long <i>3</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide?	



Name
in
Full

Bewlah A. Pierson 3 Dist

CERTIFICATE OF DEATH

Died at <u>Singerly</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>January</u> ^{Day} <u>30</u> ^{Years} <u>83</u>		Age <u>83</u>		Months <u>3</u> Days <u>5</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Barksdale</u>	
Occupation <u>Housekeeper</u>		Where Residing if not at place of death <u>Singerly</u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband			
Father's Name <u>Mathias Pierson</u>		Father's Birthplace <u>Not Known</u>			
Mother's Maiden Name <u>Nancy Birmingham</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Henry Pierson</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pneumonia + Inflammation of age</u>		How long <u>10 days</u>
	Immediate <u>Heart Failure</u>		How long <u>2 or 3 days</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Howard Bratton</u>
			Address <u>Elkton Md</u>
	Accident or Suicide? <u>✓</u>		

011



Name
in
Full

CERTIFICATE OF DEATH

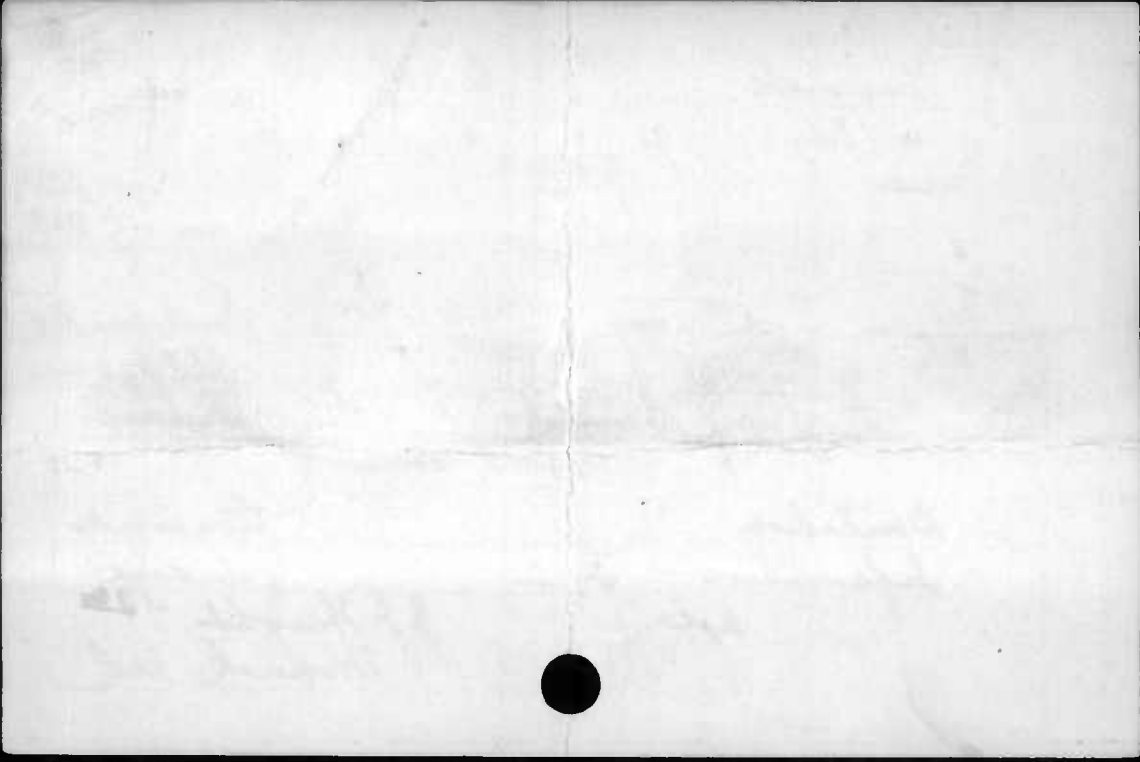
TO BE ANSWERED BY
NEAREST FRIEND

Died at Colora ^{Town}		Cecil ^{County}		MARYLAND	
Date of death 1906	January ^{Month}	26th ^{Day}	Eleven ^{Years}	Six ^{Months}	Six ^{Days}
Sex male	Color or Race white		Birth-place Chambersford, Pa.		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name Samuel Polk			Father's Birthplace Brownsville City, Md.		
Mother's Maiden Name Mary Amos			Mother's Birthplace Chambersford, Pa.		
Name of person giving information Samuel Polk			How related to deceased Father		

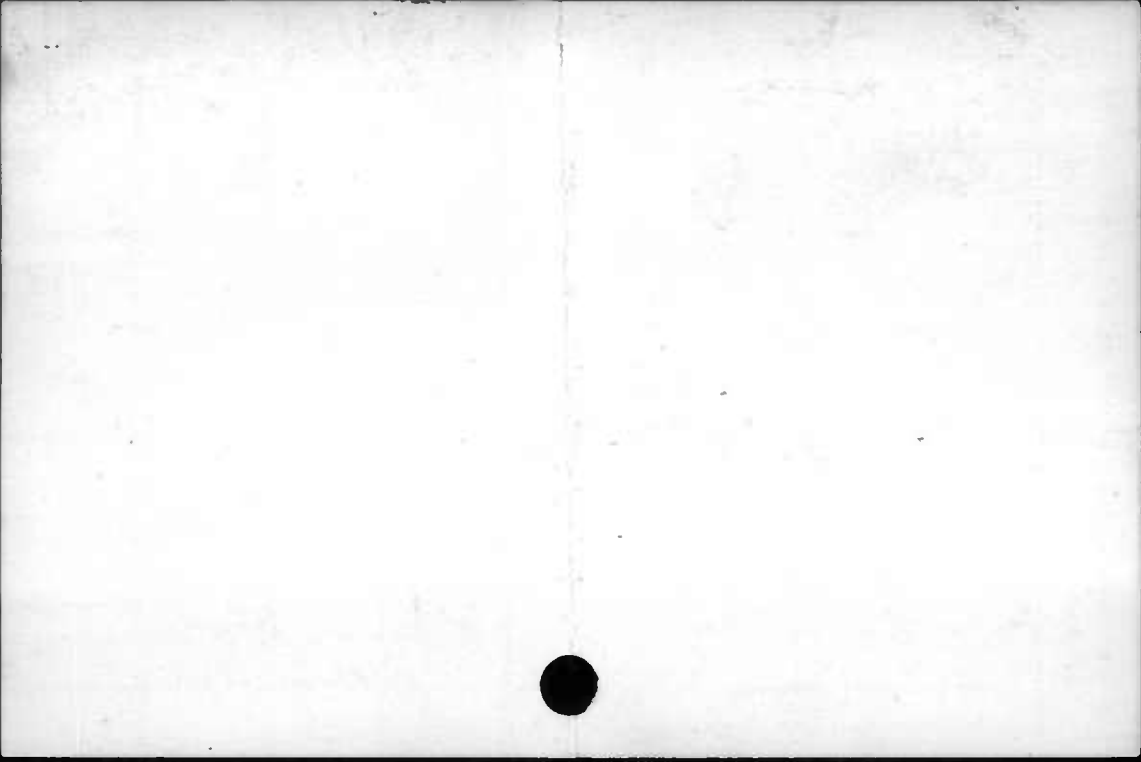
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Fecal fistula resulting from Operation for appendicitis	How long 1 1/2 months
Immediate Exhaustion	How long One month
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John H. [unclear]
	Address Rising Sun Md
Accident or Suicide?	✓



Name in Full		Alfred Price				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Warwick		County		louis
	Date of death		1906	Month	July 2	Day	2
	Sex		male		Color or Race		light brown
	Occupation				Where Residing if not at place of death		New Warwick Md
	Name of person giving information		Jerry Sautsbury		How related to deceased		Father
PHYSICIAN OR CORONER	Father's Name		Jerry Sautsbury		Father's Birthplace		Dorchester Md
	Mother's Maiden Name		Clara Price		Mother's Birthplace		Dorchester
	Name of person giving information		Jerry Sautsbury		How related to deceased		Father
	Primary		Dentition		How long		two weeks
	Immediate		Inflammation of Brain		How long		4 days
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. J. Houghton	
				Address		Warwick Md	
Accident or Suicide?		No				✓	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ecklon		County Baltimore		STATE MARYLAND	
Date of death		1904	Month 1	Day 7	Age 72	Months	Days
Sex	Female		Color or Race	White		Birth- place	Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife, or Husband	Wm B Reoley			
Father's Name	Wm Rutter				Father's Birthplace	Md	
Mother's Maiden Name	Sarah Heyland				Mother's Birthplace		
Name of person giving In formation	Wm H Healey				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	10 days -
Immediate	Heart Failure & Dyspnea	How long	3 or 4 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Howard Brannon
		Address	Ecklon Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Cecil - Cecil County

Date

Month

Day

Years

Months

Days

of death

1904 Jan

19

Age

23

9

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandFather's
Name

Robert Reynolds

Father's
Birthplace

West Virginia

Mother's
Maiden Name

Susan Hill

Mother's
Birthplace

West Virginia

Name of person giving
In formation

Annette Reynolds

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

How long

Immediate

Angina Pectoris

How long

10 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

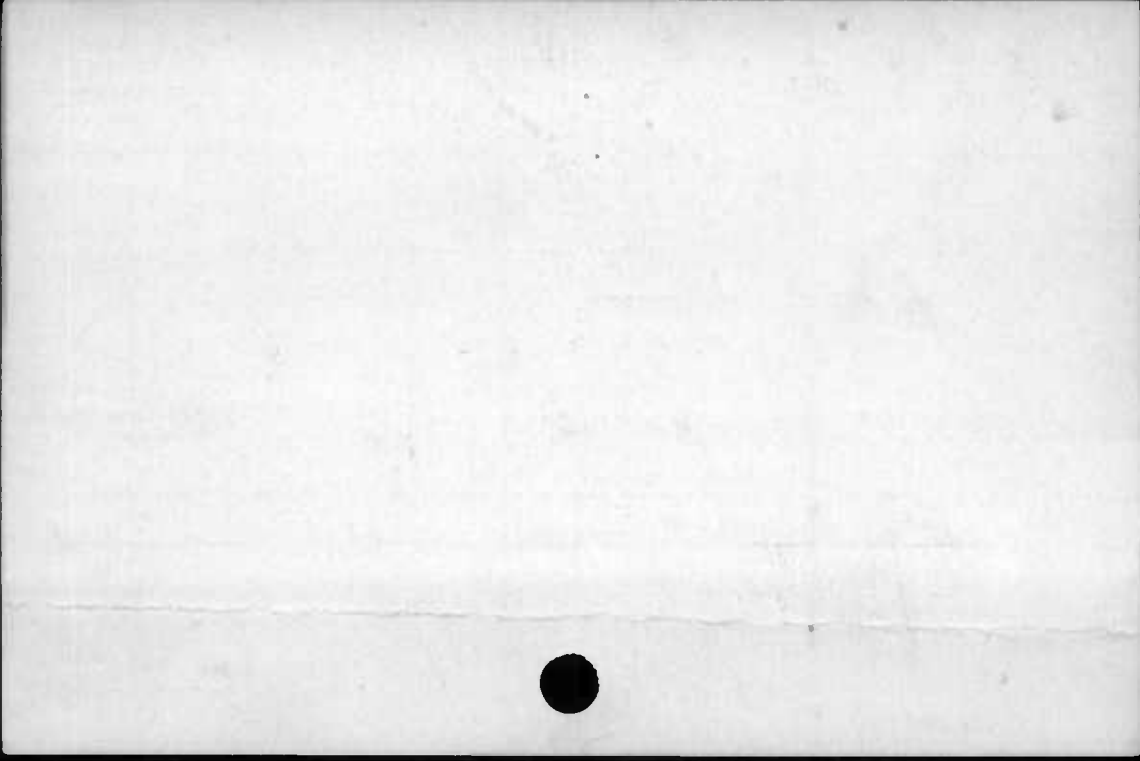
Signature of
Physician

Geo S. Pittenhouse

Address

North East, Ind.

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Sex	female	Color or Race	white	Birth-place	North East
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Occupation	Where Residing if not at place of death
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Married, Single or Widowed	<i>single</i>	Name of Wife or Husband
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Father's Name *Thomas Russell*

Father's Birthplace *Barboursville*

Mother's
Maiden Name *Mollie E. Baulderson*

Mother's Birthplace *Michigan*

Name of person giving information *Julius Russell*

How related to deceased *Mother*

CAUSES OF DEATH

Primary Conversions

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Acid test? ~~Acid test?~~

Long Beach

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harriet W. Scott		Town Port		County Westchester		State MARYLAND	
Died at Port		Month Jan		Day 20		Age 20	
Date of death 1900		Years 10		Months 10		Days 4	
Sex Male		Color or Race Colored		Birth-place Port Westchester			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Phyloph D. Scott				Father's Birthplace Port Westchester			
Mother's Maiden Name Harriet Field				Mother's Birthplace Port Westchester			
Name of person giving information Harriet D. Scott				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia**(93)**

How long

2 weeks

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

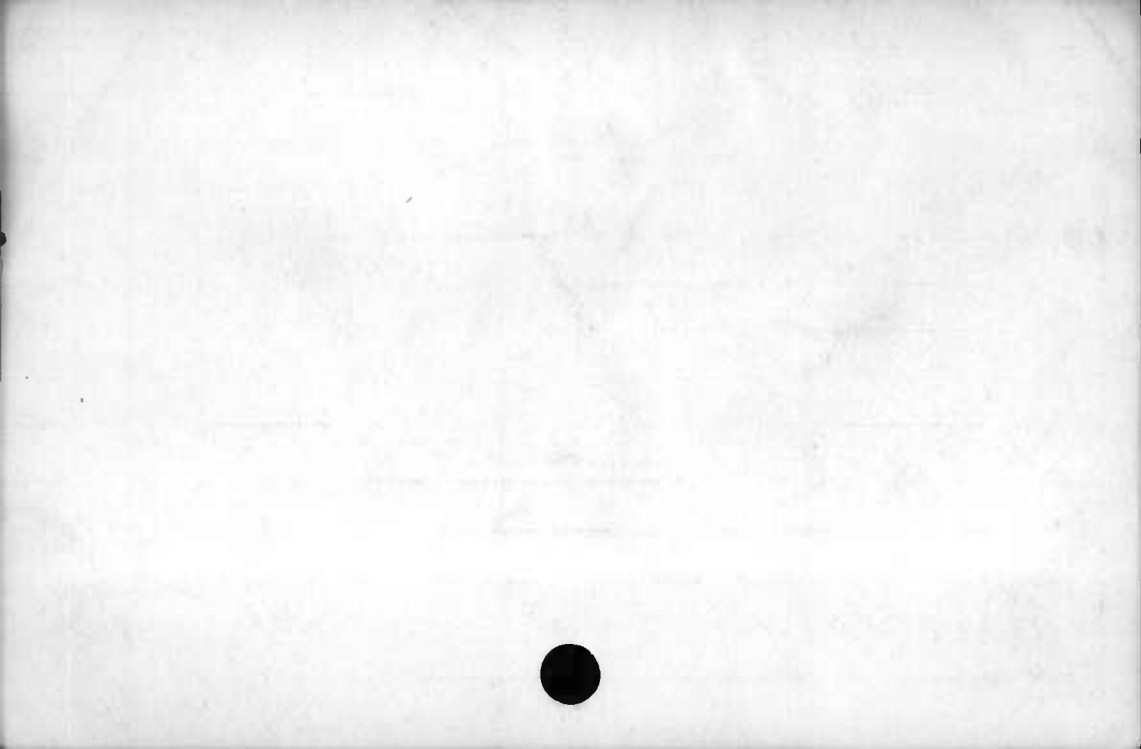
Yes

Signature of Physician

Address

Dr. J. B. Clemmons
Port Westchester
NY

Accident or Suicide? **—**



Mary E Walker

Town

County

Died at

near Elberton

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

1

1

Age

68

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

6

Husband of

Wife

Father's

Name

Thos Hyatt

Mother's

Maiden Name

Eliza J Davis

Cause of

Primary

How long sick

Death

Immediate

Heart

19

~~Accident, Suicide, Homicide~~

Reported by

Dr. A. A. A. A.

Address

North

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

David. G. Work

3rd dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cherry Hill

Town

Ceel

County

Date

1906

Month

Jan

Day

28

Age

72

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Blacksmith

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Lucy. Alexander

Father's
Name

David Work

Father's
Birthplace

Delaware

Mother's
Maiden Name

Rachel Stidham

Mother's
Birthplace

Delaware

Name of person giving
in formation

Lucy Work

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Paralysis
Syncope

How long

3 weeks

Immediate

How long

36 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. J. Darnie M.D.

Address

Cherry Hill,
Md.

Accident or Suicide?

No

139



Name
in
Full

Alex Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cecil		County Cecil		MARYLAND	
Date of death		1906	Month 1	Day 14	Age 56	Years 56	Months 2
Sex male		Color or Race black		Birth-place Cecil County			
Occupation Farm Laborer		Where Residing if not at place of death Cecil County Md					
Single Married Widow Single		Name of Wife or Husband Widow					
Father's Name Joseph Spencer		Father's Birthplace Cecil County					
Mother's Maiden Name Sophia Brown		Mother's Birthplace " "					
Name of person giving information Luis Coats		(39)		How related to deceased none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer Tongue	How long	Two Years
Immediate	" "	How long	Eight Months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. N. Crawford	
Address Cecil County Md			
Accident or Suicide?			

